

Preliminary Results from Prevention Subcommittee

Prior to the August meeting, Prevention Subcommittee members were asked to prioritize their Top 5 recommendations that had been submitted before the July meeting. Four out of the five subcommittee members sent in their prioritizations. The table below shows the prioritized, weighted¹ recommendations and corresponding notes for the subcommittee to consider. If multiple subcommittee members ranked the same recommendation, it's highlighted in blue with a corresponding cumulative score.

| Rank | Weight | Score | Cumulative Score | Recommendation | |
|------|--------|-------|------------------|--|---|
| 1 | 50 | 50 | | Continue to invest in standing up CHWs and Peer Recovery Specialists throughout Nevada. | |
| 2 | 20 | 40 | | Continue to invest in standing up CHWs and Peer Recovery Specialists throughout Nevada. | |
| | | | 90 | | |
| 3 | 10 | 30 | | Co-locate integrated supports with mental health and SUD professionals working side by side in schools. | These recommendations are interrelated; could potentially be combined into a single recommendation by subcommittee. |
| 4 | 5 | 20 | | Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming. | |
| 4 | 5 | 20 | | Invest in a multi-disciplinary, cross-department school-based Behavioral Health team. | |
| 5 | 2 | 10 | | Increase school-based health qualified mental health professional workforce. | |
| | | | 80 | | |

¹ Weights were determined based on relative priority: 1=50 points, 2=20 points, 3=10 points, 4=5 points, and 5=2 points. Because each weight is multiplied by the rank, with 1 being the highest rank, the descending weights must drop enough to overcome the higher multiplier. For example, 1 X 50 and 2 X 25 would yield equal scores of 50. By reducing the weight to 20 for the second priority, this problem is resolved where 1 X 50 = 50 and 2 X 20 = 40.

| Rank | Weight | Score | Cumulative Score | Recommendation | |
|------|--------|-------|------------------|---|--|
| 1 | 50 | 50 | | Contract with a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data. | |
| 3 | 10 | 30 | | Contract with a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data. | |
| | | | 80 | | |
| 1 | 50 | 50 | | Provide educational opportunities to increase competency of clinicians providing adolescent care. | |
| 1 | 50 | 50 | | Utilize harm reduction strategies, including: <ul style="list-style-type: none"> *Syringe Services *Naloxone *Fentanyl Testing Strips *Safer Sex Supplies *Utilization/Distribution of Public Health Vending Machines *Overdose Prevention Sites | |

| Rank | Weight | Score | Cumulative Score | Recommendation | |
|------|--------|-------|------------------|--|--|
| 2 | 20 | 40 | | <p>Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities.</p> <p>Funding to address ACES mitigation in statewide efforts will include SEL, Safe Dating/Violence Prevention, Early Childhood Development, Parenting Programs, Trauma informed care, and Mentorship programs for children, youth, and young adults.</p> <p>ACES mitigation efforts involve systemic change in our communities. One evidence-based solution is to provide supports for parents in our state. ACES mitigation will be integrated through the broader community through employer education, workplace SUD recovery support, and supportive measures for parents in the workplace.</p> | Note: There are at least two separate recommendations here; need to determine which recommendation is being prioritized. |
| 2 | 20 | 40 | | Enable educators to build capacity to address psychological first aid for students. | |
| 2 | 20 | 40 | | Expansion of Project Aware statewide. | Note: This comes from a recommendation that includes other prevention strategies; the subcommittee member proposed the Project Aware strategy only as part of the prioritization |
| 4 | 5 | 20 | | Establish a bridge MAT program in | |
| 5 | 2 | 10 | | Establish a bridge MAT program in | |
| | | | 30 | | |

| Rank | Weight | Score | Cumulative Score | Recommendation | |
|------|--------|-------|------------------|---|--|
| 3 | 10 | 30 | | Build and strengthen comprehensive FASTT and MOST teams statewide to provide intensive supports to incarcerated individuals both in the jails and upon release and provide a safety net for individuals presenting a mental health need in the community using EBP model. | |
| 3 | 10 | 30 | | Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth | |
| 4 | 5 | 20 | | Promote telehealth for MAT, considering the modifications that have been made under the emergency policies | |
| 5 | 2 | 10 | | Encourage greater implementation of SBIRT across primary care settings. | |
| 5 | 2 | 10 | | Ensure the use of housing first initiatives to decrease drug-related harms. | |